



02/11/05

RCE # 100

Atty. Dkt. No. 310473-1250

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Guy Michael MILLER, et al.

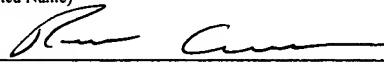
Title: METHODS FOR THE
PREVENTION AND
TREATMENT OF
CEREBRAL ISCHEMIA
USING NON-ALPHA
TOCOPHEROLS

Appl. No.: 10/020,450

Appl. Filing Date: 12/14/2001

Examiner: Spivack, Phyllis G.

Art Unit: 1614

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Ev 577 777 801 US (Express Mail Label Number)	February 9, 2005 (Date of Deposit)
Rene Campos (Printed Name)	
 (Signature)	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. § 1.114: (check items that apply)

b. Enclosed are:

02/14/2005 MAHME1 00000082 10020450

01 FC:2801

395.00 OP

- ☒ Amendment/Reply (19 pgs.);
- ☒ Change of Correspondence Address (1 pg.);
- ☒ Information Disclosure Statement (3 pgs.)
- ☒ Form PTO-1449 (1 pg.);
- ☒ Copy of 4 articles;
- ☒ Return Receipt Postcard.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	42	- 62	=0	x \$50.00	= \$0.00
Independents	1	- 3	=0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above					\$395.00
CLAIMS FEE TOTAL:					= \$395.00

☒ Check No. 1114 in the amount of \$395.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 9, 2005

By Lorna L. Tanner

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